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ABSTRACT

Successful psychotherapy is characterized by a sense of vital intensity and personal intimacy between client and therapist. Current theory and research have left this level of interpersonal contact untouched. The hypothesis is advanced that the intensity and intimacy of interpersonal contact supplies the motivation which allows the patient to make use of the conditions offered by the therapist in the patient's own coming to explore and experience his inner self. The author defines intensity and intimacy of interpersonal contact and presents a tentative scale for its measurement. Finally, the relationship of this concept to other therapeutic conditions offered by the therapist is discussed. (MPJ)

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A TENTATIVE APPROACH TO THE CONCEPTUALIZATION AND MEASUREMENT OF INTENSITY AND INTIMACY OF INTERPERSONAL CONTACT AS A VARIABLE IN PSYCHOTHERAPY

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A TENTATIVE APPROACH TO THE CONCEPTUALIZATION AND MEASUREMENT OF INTENSITY AND INTIMACY OF INTERPERSONAL CONTACT AS A VARIABLE IN PSYCHOTHERAPY[1]

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Author's Note: The following paper is presented in the spirit of offering some "in process" thinking in the hope that it will stimulate discussion. Not only is the form and style rough, but the ideas themselves are not ones that I myself am sure I accept: they are asserted to provide a basis for discussion.

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In attempting to abstract from the exceedingly complex human interaction that is called psychotherapy the therapist behaviors that can be conceptualized as antecedent conditions for constructive personality change in the patient, both psychoanalytic (Alexander, 1948; Ferenczi, 1950) and client-centered (Rogers, 1951, 1957; Truax, 1961) therapists have pointed to the importance of what the therapist offers the patient. Thus, we find stressed the therapist's understanding attitude toward the patient, his positive warmth and acceptance of the patient, his own maturity and integration, his leadership and responsivity.

It seems quite significant when such variables are conceptually abstracted from the interpersonal interaction of therapy that the sense of vital intensity and personal intimacy that seems to be characteristic of successful psychotherapy is somehow lost in the abstraction process. That is, the vital intensity and intimacy of the interpersonal contact which is so vividly experienced by patients in successful psychotherapy has been in large part untouched by current theory and research.

It is the purpose of this paper to begin the conceptualization and hence provide an avenue for measurement of the "Intensity and Intimacy of Interpersonal Contact" as a variable in psychotherapy. The hypothesis is advanced that the Intensity and Intimacy of Interpersonal Contact (IC) supplies the motivation which allows the patient to make use of the Conditions offered by the therapist in the patient's own coming to explore and experience his inner self.

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Stated more strongly, it is hypothesized that Intensity and Intimacy of Interpersonal Contact is a necessary antecedent to the exploration and experiencing of self in the context of psychotherapy.

Thus, the Intensity and Intimacy of Interpersonal Contact is seen as the "motor" which moves the process of psychotherapy. In this aspect the present conception of IC is a rather radical departure from existing theories of psychotherapy where the presence of incongruence or anxiety is seen as the motivating force which moves the patient into the process of psychotherapy. In respect to this latter point, the present author would agree that anxiety or incongruence in the patient is closely tied to movement and exploration or experiencing in psychotherapy. However, it is here seen not as the motivating force, but rather as the signal to both the patient and the therapist for identifying material of emotional significance that would be therapeutically desirable to explore and experience.

The above is not meant to imply that anxiety or incongruence is not a motivating element in bringing the patient to <u>ask</u> for therapy, nor to imply that anxiety or incongruence is not a motivating element in catharsis. The above hypothesis (which is only offered in the spirit of promoting thought) refers only to exploration and experiencing of the self by the patient.

Thus, it would be predicted that relative amounts of anxiety or incongruence would determine what is explored and experienced in psychotherapy, while the degree of intensity and Intimacy of Interpersonal Contact in psychotherapy would determine the extent to which exploration and experiencing by the patient occur in psychotherapy.

Definition of Intensity and Intimacy of Interpersonal Contact (IC)

In the absence of IC, otherwise effective psychotherapy involves the patient, at best, in exploration of self without experiencing of the inner feeling process. Thus, intellectual insight may be possible but the experiencing necessary for the "working through" operation is not present. Without IC psychotherapy often becomes a mere intellectual game.

Intensity and Intimacy of Interpersonal Contact by the therapist involves an intensity in voice and manner which has a compellingly personal note. There is accentuated feeling

tone and a voice and manner which is both deeply concerned and confidential. The therapist is preoccupied with the patient and his experiences or feelings and a heightened atmosphere is achieved by the therapist's "hovering attentiveness". There is a combination of alertness and absorption in the patient by the therapist which communicates a vital concern. The voice combines both depth of feeling and solicitous closeness which communicates an accentuated feeling tone and a fervid concentration. A profound seriousness and sincerity are central ingredients. The entrancing quality is clear in voice or manner of the therapist.

At the lower end of the IC continuum the therapist is subdued and distant in voice and manner. There is an aloofness from feelings and a formal, conventional, or reserved atmosphere. There is a remoteness or detatchment which makes the therapist clearly an outsider or stranger. There is an inattentiveness or indifference which defines the therapist as unconcerned. Thus, the total interaction may take on a cool or intellectual flavor, at best.

Thus, there is hypothesized a unitary dimension of IC ranging from loof remoteness to intense absorption.

A Tentative Scale for the Measurement of
Intensity and Intimacy of Interpersonal Contact (IC)

In using this scale judges are to assign to each rated data the appropriate level from one to five. While this scale is intended to be a continuum ranging from a very high level of IC to a very low level, the specific definitions for each level should be used in assigning ratings.

Please circle any ratings which seem to you to be without a firm base and also comment on any clues you may use to subjectively place them in the category of plain guesses.

Stage 1:

The therapist communicates a bored inattentiveness and indifference to the patient's communications or the patient's present "being". While the therapist may respond and carry on communications, he is clearly indifferent or inattentive to the patient and his current feeling process.

Stage 2:

The therapist is disinterestedly attentive. It is clear that while the therapist is

attentive he is not personally concerned with what the patient is saying or being. There is a remoteness or aloofness involved in the attentiveness of the therapist which clearly defines him as an outsider or a stranger.

Stage 3:

The therapist is attentive and clearly concentrates on what the patient is saying or being. He is alert to the patient's communications and being but is not engrossed in the patient's process.

Stage 4:

The therapist communicates a concerned attentiveness. The therapist is solicitous of the patient's feelings and experiences and communicates a deep concern. The voice qualities of the therapist carry an accentuated feeling tone and a closeness.

Stage 5:

The therapist communicates a hovering attentiveness. The therapist is preoccupied with the patient's experiences and being and is vitally concerned. There is a note of deep concern and intimacy in the therapist's fervid attentiveness.

Relationship of IC to Other Therapeutic Conditions Offered by the Therapist

By focusing all of his attention upon the client and all of his effort upon receiving communication (both verbal and nonverbal), the therapist will tend, authomatically, to provide relatively high levels of the following conditions: (1) non-conditional positive regard; (2) accurate empathic understanding; and (3) self-congruence or genuineness within the relationship.

By focusing upon what the patient is "being", what the patient is communicating, the therapist does not have time or effort left over to reflect upon how what the patient says relates to his own ideals, norms, or code of conduct, so that, automatically, an evaluative conditional regard is not communicated. The Intensity and Intimacy of Interpersonal Contact by the therapist itself communicates a non-conditional positive regard--a message of "what you are, what you feel, and what you experience are important to me". In short, it communicates clearly "You are important to me".

Intent focusing upon the patient's "being" facilitates accurate empathic understanding by allowing the therapist to make full use of subtle, nonverbal communications--such as small facial or postural changes which might be missed by a less attentive therapist. By intent concentration on the patient the therapist will insure that errors in accurate empathy are recognized. Also, the therapist will be able to immediately sense when the language he uses to communicate is received by the client with different meanings. He will be able to sense when his response does not exactly fit, and then in mid-sentences he can shift his own response to correct for language or content errors. In short, it makes possible the moment to moment contact necessary for accurate empathic understanding and clear communications.

Finally, a high level of IC tends to minimize incongruence in the therapist. If the therapist is intently focused upon the client, then the therapist does not have the time or energy available which would make it possible for him to relate what the client says or feels to himself. Thus, he does not tend to draw from the client's communication some self-referent or personal implications. If personal implications are not drawn, then the therapist is less likely to become threatened in the relationship. Since defensiveness or self-incongruence are reactions to perceived threat, then, if personal implications are not drawn, self-congruence or genuineness is more likely to be maintained within the relationship. By focusing intensely upon the client, the possibility that the therapist will become bound up in the anxiety and emotions of the client is minimized, since this possibility would require that the therapist pull back into his own feeling process and to that extent be inattentive of the patient's "being".

It will be noted that the above conceptualizations of the relationships between IC and the three therapeutic conditions hypothesized by Rogers (1957) demand a unidirectional positive correlation between IC and the conditions. That is, the higher the IC, the higher the conditions. By contrast, it is not predicted that the higher the conditions, then the higher the IC.

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